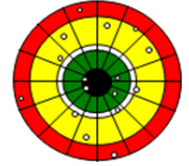




ARMY CENTER FOR SUBSTANCE ABUSE PROGRAMS

Cover Sheet for Returning Completed UNIT RISK INVENTORY SURVEYS



Check one: ☐ Unit Risk Inventory, Version 2 (URI 2.0)
☐ Reintegration Unit Risk Inventory (RURIV3)

Date Administered:

____/____/____
(mm / dd / yyyy)

UIC of Unit Surveyed:

Unit Designation: _____

Status:

☐ Army Active Duty → Installation: _____
☐ Army Reserve → BAC: _____
☐ Army National Guard → State: _____
☐ Other, specify: _____ → Location: _____

Country/State: _____

Number of Individuals Surveyed: _____

Actual Strength of Unit Surveyed: _____

Number of Redeployed Soldiers in Unit (R-URI only): _____

Were any of the surveys included with this unit completed by civilians or members of other military branches?

____ Yes ____ No

Unit Level:

☐ Company
☐ Battalion
☐ Brigade

Unit Type:

☐ Maneuver, Fires & Effects
☐ Operations Support

☐ Force Sustainment
☐ Special Branches

Survey Administrator Name: _____

DSN or Commercial Telephone Number: _____

E-mail Address: _____

Report Recipient Name: _____

DSN/Commercial Telephone Number (if different than above): _____

E-mail Address (if different than above): _____

Shipping Instructions:

1. Place a completed Cover Sheet on each unit's set of completed surveys. Secure each set into a bundle with one coversheet.
2. Place secured bundle(s) in a mailing package. (Depending on size, more than one unit's surveys may fit in one package.)
3. Send the package to the new address:

HRPD/ACSAP Survey Processing Center Taylor Building
2530 Crystal Drive 6th Floor (703) 571-7304
Arlington, VA 22202-3941

For additional URI-2 or R-URI v3 survey forms contact derek.t.ferrell2.civ@mail.mil for active component, nicole.g.ducksworth@usar.army.mil for the reserves and Janet.Richards@us.army.mil or phone (703) 571-7314 for the NGB. For questions about survey processing and production of reports, contact jacqueline.draghi.ctr@mail.mil or kim.nguyen.ctr@mail.mil. Call ACSAP Survey Processing Center at (703) 571-7304 or (703) 571-7303 (DSN 671).

ACSAP use only

No. Rec'd:

Received: ____/____/____ By: ____

Scanned: ____/____/____ By: ____

QA: ____/____/____ By: ____

Contractual date: ____/____/____ By: ____

Report generated: ____/____/____ By: ____

Report sent: ____/____/____ By: ____

